



CPHA health digest

Winter 2005/2006

Volume XXIX, Number 4

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Canadian Public Health Association 97th Annual Conference



**What Determines
the Public's Health?**

**Qu'est-ce qui détermine
la santé du public ?**

28-31 May 2006

The Fairmont Hotel Vancouver
Vancouver, British Columbia



www.cpha.ca

In partnership with:
Canadian Institute for Health Information –
Canadian Population Health Initiative
Canadian Institutes of Health Research –
Institute of Population and Public Health
Public Health Agency of Canada

In association with the
Public Health Association
of British Columbia

CANADA HEALTH DAY 2006

Public Health: Working for You

For over 100 years, public health in Canada has been helping individuals take care of themselves, their families and communities. The major advances in life expectancy, overall health and quality of life that occurred in the twentieth century were the result of public health initiatives – providing vaccinations, clean water, pasteurization and better living conditions.

All of these initiatives were made with relatively small investments and have given us enormous returns. We have seen decreased costs due to illness and the improvement of our society and economy because we have, relative to many other nations, a healthy population.

Canada Health Day 2006 is an opportunity to celebrate public health in our everyday lives.

Twenty-four hours a day, seven days a week, public health is there for you. Public health supports Canadians in their daily lives. Public health works with individuals to make sure they have the necessary information and skills needed to make decisions and act appropriately to protect their health. Public health workers research and track chronic diseases – such as cancers and heart diseases – and ensure food and water safety.

On May 12, 2006, hundreds of health facilities and agencies, community health organizations and public health units will join together in celebrating Canada Health Day. Celebrated on the anniversary of the birth of Florence Nightingale, Canada Health Day is jointly sponsored by the Canadian Public Health Association (CPHA) and the Canadian Healthcare Association (CHA). Since the inauguration of Canada Health Day in 1981, CPHA and CHA have worked in



CANADA HEALTH DAY

PUBLIC HEALTH
WORKING FOR YOU

partnership to make this annual event a national celebration of health care in Canada.

There will be variety of promotional materials available to highlight Canada Health Day, including posters, buttons, biodegradable balloons, T-shirts, cafeteria tray-liners and baseball caps. Over the past couple of years, the number of participants and events has grown. Activities, such as displays by hospitals, community health centres, local health facilities; health fairs/clinics with blood pressure and blood sugar screening, cholesterol testing, heart health, smoking cessation and HIV information set up in malls and schools; contests and quizzes for school age children; media-donated time spots and interviews with health professionals, occur all across Canada on May 12th.

For more information on how you can celebrate Canada Health Day in your community, contact the Canadian Public Health Association at 613-725-3769 or go to the Canada Health Day web site at www.cpha.ca/chd where you'll find background information, fact sheets, ideas for special events and more! ■

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO's column

Wait Times In Context

Wait times for surgical procedures have captured public and media attention over recent months. These procedures are a small portion of an infinite number of health care services, which are in themselves only one of the determinants of health – are we measuring the others?



HEALTH GOALS FOR CANADA

Overarching Goal*

As a nation, we aspire to a Canada in which every person is as healthy as they can be – physically, mentally, emotionally, and spiritually.

GOAL	OBJECTIVE Canada is a country where:	HOW MEASURED?
<i>Basic Needs (Social and Physical Environments)</i>	- Our children reach their full potential, growing up happy, healthy, confident and secure. - The air we breathe, the water we drink, the food we eat, and the places we live, work and play are safe and healthy – now and for generations to come.	- Availability of affordable housing? - Affordable quality child care? - Child poverty rate? - Water quality? - Air quality? - Nutritious affordable food? - Safe workplaces? - Injury-free playgrounds?
<i>Belonging and Engagement</i>	- Each and every person has dignity, a sense of belonging, and contributes to supportive families, friendships and diverse communities. - We keep learning throughout our lives through formal and informal education, relationships with others and the land. - We participate in and influence the decisions that affect our personal and collective health and well-being. - We work to make the world a healthy place for all people, through leadership, collaboration and knowledge.	- Racism? - Equality in all circumstances? - Employment for all at a fair wage? - Equality in educational opportunity? - Voting behaviour? - Volunteering rate? - Proportion of spending to healthy equitable development assistance?
<i>Healthy Living</i>	Every person receives the support and information they need to make healthy choices.	Determinants of health information?
<i>A System for Health</i>	- We work to prevent and are prepared to respond to threats to our health and safety through coordinated efforts across the country and around the world. - A strong system for health and social well-being responds to disparities in health status and offers timely, appropriate care.	- Proportion of health spending to prevention and health protection? - Pandemic plans at all levels of government? - Surgical wait times

* The first and second columns are from the recently approved Health Goals for Canada. The third column contains illustrative measures of other determinants of health.

Public health needs to ensure that all determinants of health are not only measured, but also are acted upon, locally, provincially, nationally and internationally.

Elinor Wilson
Chief Executive Officer

Canadian Nurse Practitioner Initiative: Promoting the Sustained Integration of the NP Role

The health care needs of Canadians are changing and becoming more complex, especially as the population ages. In light of these changes and given the shift towards primary health care with an emphasis on health promotion and illness prevention, Canadians expect governments to look for ways to improve access to care, reduce waiting lists and find solutions to improving health system delivery. The work of the Canadian Nurse Practitioner Initiative (CNPI), funded through Health Canada and being led by the Canadian Nurses Association, has contributed to a growing awareness that the deployment of nurse practitioners (NPs) is one solution to improving access.

While NPs have provided health services for more than 30 years, particularly in rural and remote communities, demand for their services is growing in urban communities. A nurse practitioner is a registered nurse with additional education and experience in health assessment, diagnosis and management of illnesses and injuries, including prescribing drugs within specific standards and conditions as outlined in their respective provincial and territorial legislation.

Through the CNPI, work has been completed on pan-Canadian frameworks to promote the sustained integration of the role of the NP. The initiative's public report, to be released this spring, will make recommendations in five component areas: legislation and regulation, health human resource planning, practice and evaluation, education, and strategic communications.

Recommendations will touch on topics such as common definition and title, educational requirements, liability and funding models.

Over the past year and a half, CNPI undertook extensive consultations with stakeholders, meeting with over 550 key stakeholders in 2005. These consultations included one-on-one meetings, roundtable discussions, and expert workshops. Extensive literature reviews were also conducted.

To date, some of the deliverables achieved by the CNPI include the first-ever Canadian Nurse Practitioner Core Competencies Framework and the Canadian Nurse Practitioner Examination: Family/All Ages. The first writing of the exam took place last November. Supporting tools developed include the needs-based Health Human Resources Planning Simulation Model to help determine future provincial, territorial and federal requirements for NPs. This tool has been pilot-tested with policy planners and a distribution plan is underway to share this tool. A second tool, the Agency Level Implementation and Evaluation Toolkit, has been developed to assist organizations and governments in implementing and evaluating interprofessional teams including the NP role.

To find out more about the CNPI, visit: www.cnpi.ca ■

CPHA would like to thank CPHA member Diane Bewick for her volunteer time. Diane represents CPHA on the CNPI Advisory Committee.

LET'S WORK TOGETHER

Health Professionals are Important for the Canadian Health Network

The Canadian Health Network (CHN) is a national, non-profit, bilingual web-based health information service. CHN wants to help Canadians find the information they're looking for on how to stay healthy and prevent disease.

Health professionals – physicians, nurses, physiotherapists, nutritionists and other healthcare and allied healthcare professionals – are continually recognized by Canadians as a trusted source for health information.

CHN believes that collaborative efforts between the CHN and health professionals will enhance the delivery of health information directly to Canadians if health professionals refer their patients to the CHN to complement office visits. Health professionals could extract excerpts, reports, and articles from the CHN on topics of specific interest to their patients, and could refer them to the CHN as a place to find answers to many of their questions about health promotion and injury prevention.

In a recent CHN survey, among healthcare professionals, nurses were identified as an important audience as they already use the CHN quite extensively. Nurses have excellent credibility with the public and with their own colleagues; they are located in a variety of settings and interact with all population groups; nurses are

uniquely positioned to identify the information needs of clients, taking into account psycho-social as well as medical issues; and, there is a strong emphasis on health promotion and disease prevention in the nursing profession.

CHN covers topics of interest such as information about cancer, cardiovascular disease and stroke, diabetes, respiratory diseases and HIV/AIDS. Many other CHN topics could also help health professionals in their work: information on medications, diet, fitness and nutrition, children's health issues, women's health issues, Aboriginal health issues, and complementary or alternative therapies.

As the HIV/AIDS Affiliate to the CHN, the Canadian Public Health Association is proud to be associated with the CHN to promote health and prevent diseases.

For more information about CHN, please send an e-mail to chn@cpha.ca ■



2006 INTERNATIONAL AIDS CONFERENCE

Time to Deliver

Twenty-five years ago, the first reports of a disturbing new illness that defied medical classification began circulating in the United States. Since that time, HIV/AIDS has claimed the lives of more than 25 million people worldwide, particularly in sub-Saharan Africa. It has wreaked havoc on families and communities, and reversed decades of progress in health, education, agriculture, economic and social development.



AIDS 2006 Time to Deliver

While AIDS responses have grown and improved considerably over the past decade, 25 years later, we are still faced with a world ravaged by the disease. At present, the AIDS epidemic continues to outstrip global action to contain it. More than three million people died from AIDS-related illnesses in 2005 and close to five million people were infected in 2005, (over half of whom were young people, aged 15-25).

While the challenge to halt the spread of the disease seems daunting, the good news is that today, we do in fact have the scientific knowledge and tools to prevent new infections and prolong life among those living with HIV/AIDS. The difficulty remains to translate that knowledge and experience into treatment and prevention programs that are readily available to everyone who needs them. In Africa alone, only one in ten people in need of anti-retroviral treatment were receiving it in 2005.

The world has known for long enough what is needed to bring effective prevention and treatment programs to communities and nations the world over. We know that with a greater international commitment, more resources, enhanced cooperation and more robust sharing of lessons learned, we can scale up the global response to the level required to contain the spread of the disease. What is missing at present is the commitment to act.

In August 2006, Toronto will have the honour of hosting the XVI International AIDS Conference, the largest and most comprehensive conference in the fight against HIV/AIDS. Its objective is to link community and science in order to galvanize the world's response to HIV/AIDS through increased commitment, leadership and accountability. AIDS 2006 is an important opportunity for people living with HIV/AIDS, advocates, community leaders, scientists, health care providers, funders, and policy-makers to gather together to focus on the key challenges to provide HIV care and treatment and to prevent new infections.

AIDS 2006 is an unparalleled opportunity to expand public awareness of HIV/AIDS, share knowledge and learn from others in the field, and chart a course for a stronger, more effective global response to the pandemic.

The theme of AIDS 2006 is Time to Deliver. It reminds us of past and present commitments for action on HIV/AIDS and demands accountability for those promises at every level. After 25 years, it is time to turn rhetoric into reality and to deliver on the promises brought by years of research and hard work.

www.aids2006.org ■

Coming events

17th International Conference on the Reduction of Drug-related Harm

Hear and Now: The PEER Conference
British Columbia Centre for Excellence in HIV/AIDS, IHRA, Providence Health Care
30 April-4 May 2006 Vancouver, BC
Contact: Harm Reduction 2006 Conference Secretariat
c/o Advance Group Toll-free: 1-800-555-1099
Tel: 604-688-9655 Fax: 604-685-3521
E-mail: info@harmreduction2006.ca www.harmreduction2006.ca



CPHA 97th Annual Conference

What Determines the Public's Health? People, Places, Politics
28-31 May 2006 Vancouver, BC
Contact: CPHA Conference Department
Tel: 613-725-3769 Fax: 613-725-9826
www.cpha.ca

16th World Conference on Disaster Management

The Changing Face of Disaster Management: A Global Perspective
Presented by the Canadian Centre for Emergency Preparedness
18-21 June 2006 Toronto, ON
Contact: Alysone Will, Conference Co-ordinator
Absolute Conference and Events
Tel: (416) 595-1414 Ext: 224 Fax: (416) 979-1819
E-mail: coord@wcdm.org

Canadian Nurses Association (CNA) 2006 Biennial Convention

Advancing Technology and Preserving Caring in Nursing
Hosted by the Saskatchewan Registered Nurses' Association
18-21 June 2006 Saskatoon, SK
Contact:
www.cna-aic.ca

Healing Our Spirit Worldwide

The 5th Gathering
Presented by International Indigenous Council for HOSW
6-11 August 2006 Edmonton, Alberta
Contact:
Tel: (780) 447-4675 Fax: (780) 488-6717
Toll Free: 1-866-999-HOSW (1-866-999-4679)
E-mail: info@hosw.com

The 6th International Conference on Priorities in Health Care

Presented by the International Society on Priorities in Health Care
20-22 September 2006 Toronto, Ontario
Contact: Carolyn Farrell
Tel: (416) 946-0088 Fax: (416) 978-1911
E-mail: carolyn.farrell@utoronto.ca

Annual Meeting of the Royal College of Physicians and Surgeons of Canada

Presented by the Royal College of Physicians and Surgeons of Canada
28-30 September 2006 Ottawa, Ontario
Contact:
Tel: 1-800-668-3740 Fax: (613) 730-8252
E-mail: meetings@rcpsc.edu

IDSA 44th Annual Meeting

Presented by Infectious Diseases Society of America
12-15 October 2006 Toronto, Ontario
Contact:
Tel: (703) 299-0200

APHA 134th Annual Meeting and Exposition

Public Health and Human Rights
American Public Health Association
4-8 November 2006 Boston, MA
Contact:
www.apha.org

CANADIAN INTERNATIONAL IMMUNIZATION INITIATIVE (CIII)

Mali Update – National Immunization Days

by Nicolas Gilbert, CIII Special Envoy

A-ni-sogoma!

I returned to Bamako on Wednesday 26 October from a three-week epidemiological surveillance mission, wrote my report, and submitted it to my director two days later. Thus began, for me and my colleagues Julie and Paul, a period of relative calm until I started my new mission on 9 November.

On that date I was finally able to leave Bamako and go to Koulikoro, capital of the region with the same name, where I was to act as a National Immunization Days (NIDs) supervisor from 11 to 14 November before starting a new epidemiological surveillance mission which would last until the 26th. However, the next day I was told I had been assigned to the district of Kati for the NIDs (Kati, a small town, is part of the Koulikoro administrative region, though it is 20 kilometres from Bamako). I therefore set out for Kati to meet with the district's NIDs coordinator before returning to my hotel in Bamako.

The NIDs began the following day, 11 November. When I arrived in Kati around 8 a.m., dozens of providers were already waiting to receive their vaccination kits, vials of oral polio vaccine (OPV), droppers and other accessories before setting out for various locations across town. I was in charge of supervising vaccinations in the district's outlying villages, which were often several hours away from Kati by highway (or dirt road). Each day, my colleagues and I visited two or three villages, observed the providers at work, and went from door to door in the completed sectors to ensure all children under five were immunized and their houses were clearly marked (providers had to mark each child's little finger with indelible ink, and mark each house they visited with chalk).

In West Africa, especially in rural areas, the definition of household is rather... flexible. For example, it may refer to a patriarch and his three or four sons, each of whom has two or three wives and a dozen children. Here is an excerpt from an interview with one of the mothers (with simultaneous French-Bambara/Bambara-French translation):

«How many children under the age of one are in your family?»

- Three... no, four... no five... wait, here's a sixth.

- Are they all immunized?

- Yes, all immunized.

- And how many children between one and five?

- I don't know... about 10... or maybe 15.

- Are they all immunized?

- Yes, all immunized.»

We then checked to see if all the children were marked.

- «This child hasn't been marked. Is he immunized?»

- No, he's not immunized. He's not from the village, he's a visitor.

We told the providers this, so they didn't vaccinate him.

- How long has he been living in your house?

- About six months... »

It was useless to explain that we were immunizing and marking all children under five who had not yet been vaccinated, wherever we found them and regardless of where they lived.



Malian nurse Aminata Coulibaly vaccinates a child during NIDs, in Falani village.

Photo courtesy of Nicolas Gilbert

The days were long, but exhilarating! Despite the occasional marking error or omission, I was awestruck by the dedication and professionalism of the providers: full days going from door to door under a broiling sun, and all with enthusiasm and good humour! I have nothing but admiration for these men and women.

The NIDs ended on 14 November. Yesterday I rested, today I am attending a post-mortem in Kati, and tomorrow I begin a new surveillance mission (roughly 10 days) that I hope will be as interesting as the first. We'll see ... or Inch'Allah, as the Malians say. I'll update you when I return.

Until next time! ■

Nicolas is currently in Mali as a member of the STOP 20 team.

The CIII is funded by the Government of Canada, through the Canadian International Development Agency (CIDA). The aim of the CIII-CPHA is to rapidly meet the demands of partner organizations in developing countries who need Canadian technical advisors with expertise in the field of immunization. The CIII works in partnership with the World Health Organization (WHO), the Pan American Health Organization (PAHO), the United Nations Children's Fund (UNICEF), the Global Health Research Initiative (GHRI) and the CPHA.

Get Involved and Join Us!

We are looking for people like you with extensive experience in immunization, disease surveillance, epidemiology or data management programs who have cross-cultural experience. If you can work in French and any other languages, this will be extremely helpful. Would you like to find out more about how you can get involved? For information, please contact the Canadian International Immunization Initiative at ciii@cpha.ca or visit our website at <http://www.cpha.ca/programs/ciii/en/index.html> ■

Niger: A Demanding Environment and Big Challenges in Public Health

by Philippe Guerrier, CPHA technical volunteer with the collaboration of Dr. Katimou Maga, ANSP

Niamey airport. April 2005. The Icelandair (!) plane opens its doors. Here we are again for a second mission in Niger as part of the Strengthening of Public Health Associations (SOPHA) Program. The heat on the tarmac is overwhelming, as is the warmth with which we are reunited with our partners in the Public Health Association of Niger (ANSP).

A good start!

Not only are our partners motivated, they are well trained. Founded in 1995, the ANSP's mission presents a great challenge. How can we contribute to improving public health in this Sahelian country considered to be one of the poorest in the world? According to the United Nations Development Programme, Niger, with a gross domestic product per capita of approximately 200 dollars, ranks last in terms of the human development index. Its rural areas, which account for 85% of its 12.1 million inhabitants, are the picture of absolute poverty.

The president of ANSP, Dr. Gagara, and Dr. Maga, responsible for environmental health, are concerned: a mass invasion of locusts and strong drought have ravaged Niger's crops.

Upon our return to Canada in May we followed, from a distance, the very serious food crisis that hit the country. Dr. Maga, a delegate to the annual CPHA conference in Ottawa, and Niger's ambassador to Canada attended the benefit concert for Niger in Montréal, which contributed to raising awareness among the people here.

A demanding environment

Millet and sorghum, Niger's mainstays, require precipitations in excess of 400



Dr. Gagara and Dr. Maga of the ANSP, and Mr. Philippe Guerrier, chargé de mission for CPHA at the micro dam in Mari.

millilitres per year. Over the last forty years, the population has doubled while the territory benefiting from adequate precipitations has been reduced by half. Within this context, food security cannot be ensured. At the present time, barely 2% of cultivated lands are irrigated by the Niger River.

Public health: Big challenges to overcome

Life expectancy in Niger is 46 years. One child out of three does not reach the age of five. Apart from malnutrition, the main threat to health is malaria.

The lack of water and its insufficient quality, inadequate sanitary conditions, inadequate health care and the inability to pay for medical services all contribute to infant malnutrition. Difficult conditions with respect to access to care are the primary exacerbating factor.

A partner of the CPHA since 1997, the ANSP has gotten involved in issues associated with smoking, malaria control, and a pilot project on micro dams.

Micro dams

Irrigation schemes were recently established to contribute to ensuring the food security of populations, refill the water tables and provide higher-quality water.

Some fifty micro dams were built under the President of the Republic's Special Program (PS/PR). Despite the anticipated benefits, our collaborators within the

ANSP are concerned that these facilities are likely to have an impact on community health and have created the projet Santé / Mini-barrages (PS/MB) [micro dam / health project].

In December 2003, we conducted a first technical assistance mission to study the repercussions of the micro dams and call the attention of stakeholders to these issues. The aim of this second mission is to take a more in-depth look at sanitation issues and identify mitigation measures through a research/action pilot project at the micro dam in Aboka.

Aboka micro dam

Silted up and overrun with thorny plants, this retaining reservoir does not allow for fishing. The inhabitants produce subsistence crops and raise cattle. A young boy we met on our first mission sold us a bucket full of mangoes for \$2. The water is rust-coloured and the population has no filters.

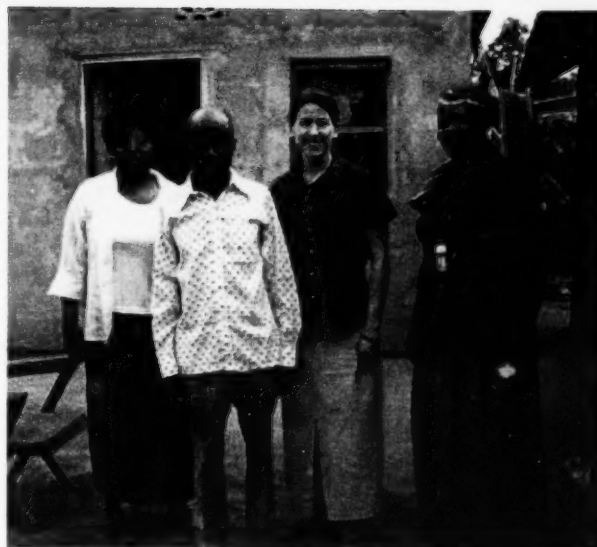
Since our last visit, the micro dam remains poorly maintained. Even the well supply has become difficult: women are working to facilitate the flow of water. Without protective equipment, they are vulnerable to schistosomiasis, which affects people when the larvae penetrate the skin. As for malaria, it is fostered by the increased presence of mosquitoes associated with the permanent presence of water and the inhabitants' difficulty buying mosquito screens.

The village chief would like to see quick progress so that this project may benefit

Men, HIV and Home-based Care

Involving men in home-based care (HBC) has been a social and cultural challenge for many communities where CPHA partner the Southern African AIDS Trust works and implements the CIDA-funded project, «Developing Community Competence for HIV/AIDS Responses in Southern Africa (CCP)». Issues of sexual identity, gender roles and social expectations all factor in to create a rather unwelcoming environment for the intrepid male volunteer. Although nearly 40% of home care clients are men,¹ 90% of HBC work is carried out by female volunteers² who perform many roles, including counselling, basic nursing care, training and supporting caregivers, help with household tasks, promotion of HBC in the community, condom distribution, treatment referral, and liaison with local community leaders. However, due to many of the same social and cultural constraints that keep men from volunteering for HBC, female volunteers are often unable to provide all the necessary care services to their male clients.

SAT Tanzania partner Faraja AIDS Orphans and Training Centre (Faraja Orphans) has been one organization working to bend gender roles and stereotypes, encouraging men to become involved in HBC since the late 1990s. One man who took up their call is retired Captain Ernest Makwatila Kikoti. "Men do not volunteer due to a lack of awareness of the problem itself and of who should respond. Some think that people from the outside should help. But I think it needs to come from within," Mr. Kikoti says. "I used to encourage people to get out and be involved in community issues. When my three children died of AIDS, I decided I had to stop talking and get active." Mr. Kikoti explains how traditionally women are the caregivers and those men who did volunteer were thought to be crazy, "changing into women". "Initially," he says, "all the volunteers were ridiculed but when people saw people dying, things changed. Ridiculers get infected too. These both helped us to understand the importance



Retired Captain Ernest Makwatila Kikoti poses for a picture with members of the Faraja Orphans home-based care team and CPHA staff.

of supporting the Faraja Orphans initiative, the sensitizations and volunteers."

SAT has developed some key lessons for mobilizing male HBC volunteers:

- Mobilizing men does not happen by chance; community groups and organizations need to make a strong and deliberate decision to do it.
- Involving male HBC volunteers can improve basic nursing services for men. For example, a male volunteer can bathe a male client, rather than have to leave it to the female relatives.

...see *Home-based Care*, page 8

his community rather than be a source of nuisance. The idea of recruiting a worker to visit the site on a regular basis is one of the recommendations made to build the ANSP's capacity in this project.

Mari micro dam

A visit in a 4x4 to the micro dam in Mari revealed that the schistosomiasis problem here is rampant. Male teenagers are the main source of contamination, because they like to swim. Contaminated with human excrement, the water becomes infested. Schistosomiasis can cause the presence of blood in the urine as well as affect growth, nutritional status and cognitive development. A chronic infection can lead to complications of the liver, kidneys, bladder and nervous system. During our visit in the field, Dr. Katimou Maga questioned a group of teenagers in their language, Zarma. Almost all of the teenagers questioned confirmed the presence of blood in their urine.

Given their poverty and transportation issues, they do not make the trip to consult health professionals at the Centre de santé intégré (CSI) [integrated health centre]. They were forgotten in

the last praziquantel treatment campaign. The health data collected at the CSI accordingly do not reflect the reality.

In the scorching heat, we returned to Niamey. Kalatonton!

Our conclusion following this mission

Malaria may increase around micro dams, which can also become a source of schistosomiasis. The ANSP can play a major role in minimizing these negative impacts on health. The ANSP's approach is to pursue its pilot project with the scientific, technical and financial support of the CPHA by involving its members and benefiting from the creation of an intersectoral committee including stakeholders from national malaria and schistosomiasis control programs. ■

The Strengthening of Public Health Associations (SOPHA) program is the flagship global health program of CPHA. SOPHA provides financial and technical support to strengthen public health associations (PHAs) in developing countries. For the 2001-2006 period, SOPHA benefits from the financial support of the Government of Canada through the Canadian International Development Agency (CIDA).

CPHA at the Second Indigenous Peoples Summit of the Americas

Aboriginal peoples from throughout the Americas gathered in Buenos Aires, Argentina, for a two-day summit from October 27-29, 2005 to discuss common problems and solutions. The Second Indigenous Peoples Summit of the Americas, sponsored by the Government of Canada, was timed so as to provide input to the Summit of the Americas, held in Argentina a few days later on November 4-5, 2005.

CPHA participated in the Indigenous Summit by means of a delegation of three Argentinean representatives of CPHA's Healthier Futures Project, who presented a poster in English and Spanish. They were: Ramón Tapiceno, delegate from the Institute of the Aboriginal Communities of Formosa province (ICA); Cristina Mirassou, Local Coordinator of the Project from the Ministry of Human Development of Formosa (MHDF); and Alicia Escotorin, member of the Project Technical Team from the MHDF. Two staff members of the Canadian International Development Agency (CIDA) assisted the poster presentation: Deborah Bakker, CIDA's Development Officer, and Carmen Virasoro, CIDA's Program Coordinator for the Argentina-Technology Transfer Fund.

The poster featured the main implementation strategies and achievements of the project in six Aboriginal and rural communities in Formosa province. Among the achievements highlighted at the Summit were the following: a) the partnership with the ICA; b) the training of women indigenous leaders; c) the training of Aboriginal young women and men in community radio techniques; d) the PAP test implemented in the communities; and e) the publication of educational materials in the Pilagá language. The educational materials produced by the project were also displayed at the Summit.



Presentation at the Second Indigenous Summit of the Americans. From left, Carmen Virasoro, CIDA's Program Coordinator Argentina-Technology Transfer Fund, and Cristina Mirassou, Local Coordinator of the Healthier Futures Project, MHDF.

The Healthier Futures Project builds local capacity in the planning and delivery of sexual and reproductive health services for rural women and Aboriginal people in one of Argentina's poorest provinces. Funded by CIDA, it is carried out in collaboration with the provincial Ministries of Human Development (MHDF) and Education, the ICA and the Federal Ministry of Health.

CPHA was proud to learn that Mr. Tang Tuong, CIDA's Head of Aid, Southern Cone Program, requested the English version of the poster to be displayed at the Canadian Embassy in Buenos Aires. As well, the Spanish version of the poster is now on display at the Ministry of Human Development in Formosa province.

We take this opportunity to thank CPHA's members for the contribution of their expertise to the Healthier Futures technical missions. The poster presented at the Summit is on display at CPHA's headquarters. ■

Home-based care, from page 7...

- Man-to-man counselling is particularly effective in relation to sensitive issues such as sexually transmitted infections and condom use.
- The involvement of community leaders is vital. Local leaders have an important role in identifying appropriate male volunteers

and breaking down stigma around HIV/AIDS and around home care work.

- Mobilizing male volunteers has a positive impact on the community by spurring men to become involved in other activities. It helps to tackle unhelpful gender stereotypes and can encourage a more comprehensive community response to HIV/AIDS.

- Male volunteers increase the acceptance of condoms among men – they can more easily promote condoms to their peers. ■

References

1. SAT Malawi data, 2005.
2. Zimbabwe Red Cross data, 2005.



Canadian International
Development Agency

Agence canadienne de
développement international

Canada

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